

## MISSOURI ETHICS COMMISSION 24 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

M.E.C. ID NO. C061610

P.O. BOX 1254 JEFFERSON CITY, MO 65102 (800) 392-8680 (573) 526-4508 (FAX) www.mec.mo.gov

This form may be used to report the receipt of any late contribution or loan of more than \$250 received within 11 days of the election pursuant to Section 130.050.3 RSMo. Information provided on this form is merely a notice as required.

| election pursuant to Section 130.030.3 RS   | To Table 10 To Tab | it the and loop reported                | l must also be included |
|---|--|---|-------------------------|
| 1. STATEMENT DATE   | PLEASE NOTE: Any late continuous subsequent committee disci  |   | most also be micioded   |
| 2. FULL NAME OF COMMITTEE   |  |   |                         |
| FORD FOR KANSAS CITY  |  |   |                         |
| ADDRESS OF COMMITTEE  |  |   |                         |
| ADDRESS.  | RRY ROAD #201  |   |                         |
| CITY/STATE/ZIP: KANSAS CI   | TY MO 64155  | ,                                       |                         |
| 3. NAME OF CANDIDATE  |  | 4. OFFICE SOUGHT                        |                         |
| EDWARD FORD   |  | COUNCIL PERSON AT LARGE DISTRICT 2 - KC |                         |
| FULL NAME: Earl Hrs Stanh /R.   | AMI CAMAN  | DATE RECEIVED                           | AMOUNT                  |
| ADDRESS: Mar Nort 18th Should   |  | 3/22/07                                 | \$ 25-0                 |
| CITY / STATE / ZIP: Kon ans City Ma   | 1.64/01  | "/"/"                                   | H DO                    |
| FULL NAME: FAULTICS Stanch Boy ADDRESS: 1025 New 18th Street CITY I STATE I ZIP: KAN 18 CIFY, MO FULL NAME: BUILDERS' ASSUR PAC ADDRESS: 632 NEST 39th Street CITY I STATE I ZIP: KANSAS CITY, MO |  | DATE RECEIVED                           | AMOUNT                  |
| ADDRESS: 122 mont 20,12 State   | f  | 3/22/07                                 | \$500                   |
| CITY/STATE/ZIP: KANSAS CITY MO  | 5. 64111   | 3/12/01                                 | H J V                   |
| FULL NAMÉ:  |  | DATE RECEIVED                           | AMOUNT                  |
| ADDRESS:  |  |   |                         |
| CITY / STATE / ZIP:   |  |   |                         |
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| CITY / STATE / ZIP:   |  |   |                         |
| FULL NAME:  |  | DATE RECEIVED                           | AMOUNT                  |
| ADDRESS:  |  |   |                         |
| CITY / STATE / ZIP:   | Missouri Ethics  |   |                         |
| FULL NAME:  | Commission /   | DATE RECEIVED                           | AMOUNT                  |
| ADDRESS:  | MAR 2 3 2000   | ·                                       |                         |
| CITY / STATE / ZIP:   | MAR 2 3 200 P. T. Received by Fax  |   |                         |
| FULL NAME:  | Fax  | DATE RECEIVED                           | AMOUNT                  |
| ADDRESS:  |  |   | •                       |
| CITY / STATE / ZIP:   |  |   |                         |
|   |  |   | A4110                   |



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| reston parsuant to deciden 150:000:5 Nowlo. Information provided on this form is merely a notice as required.                                |                  |                               |  |
|--|------------------|-------------------------------|--|
| STATEMENT DATE  PLEASE NOTE: Any late contribution or loan reported must also be <u>included</u> in subsequent committee disclosure reports. |                  |                               |  |
| 2 FULL NAME OF COMMITTEE  Integrity In Law Enforcement ADDRESS OF COMMITTEE  |                  | Missouri Ethics<br>Commission |  |
|  |                  | MAR 2 3 2007-                 |  |
| ADDRESS: 400 W. Kansas   |                  | Received by T                 |  |
| city/state/zip: Independence Mo 6405. 3. NAME OF CANDIDATE   | 4. OFFICE SOUGHT | Fax                           |  |
|  |                  | <u>.</u>                      |  |
| FULL NAME: Beth Gottstein  | DATE RECEIVED    | AMOUNT                        |  |
| ADDRESS:   | 3.23-07          | 25,000.00                     |  |
| CITY / STATE / ZIP:  |                  |                               |  |
| FULL NAME;   | DATE RECEIVED    | AMOUNT                        |  |
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| ADDRESS:   |                  |                               |  |
| CITY / STATE / ZIP:  |                  |                               |  |
| ULL NAME:  | DATE RECEIVED    | AMOUNT                        |  |
| DDRESS:  |                  |                               |  |
| CITY / STATE / ZIP:  |                  |                               |  |
| ULL NAME:  | DATE RECEIVED    | AMOUNT                        |  |
| DDRESS:  |                  |                               |  |
| ITY / STATE / ZIP:   |                  |                               |  |
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| DORESS:  |                  |                               |  |
| ITY / STATE / ZIP:   |                  |                               |  |
| ULL NAME:  | DATE RECEIVED    | AMOUNT                        |  |
| DDRESS:  |                  |                               |  |
| ITY / STATE / ZIP:   |                  |                               |  |
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